CASE 1998 #10

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Clinical History

A 39 year old Caucasian woman presented in **December 1997** with a chief complaint of worsening pain of the left leg and perineum, described as "sharp and burning". Review of systems elicited constipation, urinary spasms with increased frequency and incontinence, back pain and dyspareunia. On physical exam she was found to have decreased sensations of the perineum and posterior left lower extremity. She had originally presented in **July, 1996** with chronic back pain and bilateral foot pain, at which time she was given a diagnosis of chromic pain syndrome and referred for PT, acupuncture and analgesics. By **March, 1997** the patient was using daily enemas for constipation. Her diagnosis at this time was changed to mixed dysphoric hypomania complex (personality disorder). After repeated ER visits for symptoms of bowel obstruction, careful neurological examination in **April, 1997** revealed decreased sensations to the back, buttocks, and LLE, with diminished vibratory sense. CT and MRI in **April** were reported as normal. Repeat MRI in **December** demonstrated a bilobed tumor at the S2 nerve root.

Past medical history

1979 bilateral wedge resections for "cystic ovaries" (pathology report not available)
1981 retroperitoneal cyst: encapsulated pink cell tumor with melanin
1985 gastric wall tumor: pink cell tumor, well differentiated hepatocellular carcinoma vs. adrenal rest
1986 left hepatic lobectomy: encapsulated pink cell tumor with melanin
1988 bilateral adrenalectomies: L) adrenal cortical proliferation of uncertain malignant potential.
R) nodular hyperplasia of the adrenal cortex
1988 ear and buttock: myxoid neurofibroma, thigh: dermatofibroma
1989 thyroidectomy: papillary thyroid carcinoma
1991, 1993 wedge resections of RLL of lung: metastatic adrenal cortical carcinoma
1992 gastric submucosa: metastatic adrenal cortical carcinoma
1993 right oopherectomy: serous cystadenoma, leydig cell hyperplasia
1997 breast: myxoid fibroadenoma

Material submitted: One H&E and one unstained slide of sacral mass

Points for discussion: 1. Diagnosis of sacral mass, including pathogenesis
2. Clinical significance of present lesion
3. Clinical significance of past medical history

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